



Committees of the Board

Committee Digest

Volume: 2025 - Quarter 4

October - December
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Summary

The Committee Digest (Digest) serves as a progress update for the Committees of the Oregon Health Policy Board (OHPB). The Digest summarizes key work accomplished by Committees and recognizes decisions and activities planned for the upcoming year. Committee information included in the Digest is provided by Oregon Health Authority (OHA) lead Committee staff and will be distributed to OHPB members following each quarter.

For additional information or questions, contact [Tara Chetock](#), OHPB Project Manager.

2026 OHPB and Committees Meeting Schedule*

JANUARY

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FEBRUARY

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JUNE

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SEPTEMBER

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OCTOBER

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DECEMBER

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27	28	29	30	31		

Affordability Committee		Health Insurance Marketplace Advisory Committee
Behavioral Health Committee		Medicaid Advisory Committee
Health Care Workforce Committee		Metrics and Scoring Committee
Health Equity Committee		Primary Care Payment Reform Committee
Health Information Technology Oversight Committee		Public Health Advisory Board
Oregon Health Policy Board		

(*) Meeting dates are subject to change. See Committee websites for meeting logistics.

Committee Work Addressing the OHA Strategic Plan

Below are some ways in which the work of the OHPB Committees intersects with [OHA's strategic plan](#) to eliminate health inequities.

Goal pillar 1. Transforming behavioral health

Behavioral Health Committee (BHC):

- Transforming behavioral health: Build a behavioral health system that works for every child, teen, adult and family experiencing mental illness or harmful substance use by expanding integrated, coordinated and culturally responsive behavioral health services when and where people need them, guided by people with lived experience

Health Information Technology Oversight Council (HITOC):

- Electronic Health Records (EHRs), Community Information Exchange (CIE), and other health IT solutions can make data collection, exchange, and reporting easier. HITOC supports greater adoption of health IT for behavioral health providers, which have lower rates of use than other provider types. Health IT for behavioral health is a priority area for HITOC and was the focus of their June 5, 2025 retreat. HITOC prioritized health IT-related actions that would be impactful for behavioral health providers, with work beginning in 2026. (Strategy 1)
- HITOC supports the adoption and use of Community Information Exchange (CIE), a technology for social needs screening and referrals, which can be used by behavioral health organizations to connect people to services to address their social needs. (Strategy 3)

Medicaid Advisory Committee (MAC):

- Workplace aspects of network adequacy is a MAC priority and highlighted in Pillar 1. (Strategies 1 & 5)
- Affordability: To the degree that protecting OHP eligibility makes health care affordable to people living in Oregon, the MAC's work is related to affordability.

- Metrics: The MAC's work regarding measuring the 1115 Waiver implementation includes advising the agency about appropriate metrics for the changes in the 1115 Waiver.

Primary Care Payment Reform Collaborative:

- Integrating behavioral health into primary care increases accessibility to behavioral health services, enables earlier identification of behavioral health issues, improves overall health outcomes, reduces stigma, allows better coordination of care, and can save costs, particularly for patients in low-income or rural areas who might only access behavioral health through their primary care provider. PCPRC supports increased behavioral health integration in primary care. (Strategies 2,3,4)

Goal Pillar 2. Strengthening access to affordable care for all

Affordability Committee

- Develops and recommends cost reduction and cost growth reduction policies and initiatives that address the primary drivers of health care costs, and amplify the voice of patients, consumers, and purchasers in health care policy decisions. (Strategy 5)

Health Insurance Marketplace Advisory Committee (HIMAC):

- Provides advice to the Oregon Health Insurance Marketplace in their work to help eligible Oregonians access federal subsidies and enroll in quality, affordable private health insurance plans. (Strategy 1)
- Supports the Oregon Health Insurance Marketplace's outreach and enrollment programs, which includes a Marketplace Community Partner Program and a Marketplace Partner Agent Program. (Strategy 1)
- Serves as one of the State-based Marketplace (SBM) Project's key shareholders and is consulted on a regular basis. (Strategy 1)

Health Information Technology Oversight Council (HITOC):

- CIE adoption is one of HITOC's core priorities. HITOC recommends that partners across Oregon support, accelerate, and improve statewide CIE efforts. (Strategy 3)

- Reducing administrative burden related to health IT is included as part of HITOC's Strategic Plan for Health IT 2024-2028. HITOC outlined various approaches that can reduce burden and will pursue support as appropriate. For example, HITOC recommends that partners support policy and regulatory initiatives to improve the usability of EHRs and reduce provider burden.
(Strategy 3)

Medicaid Advisory Committee (MAC):

- The MAC has Eligibility and Network Adequacy as two of their current priorities.
(Strategy 1 & 2)
- Non-Emergency Medical Transportation (NEMT) is a perennial MAC concern but not yet a specific priority. (Strategy 3)
- Health-related social needs (HRSN) implementation is a MAC priority and 1115 Waiver oversight a required role. (Strategy 4)

Primary Care Payment Reform Collaborative (PCPRC):

- One of the three charges of the PCPRC is to increase primary care spending. Increasing primary care spend can result in health issues being addressed earlier and with fewer costly emergency room visits and hospital admissions, saving money for employers, health plans and members.
- Traditional Health Workers (THWs) are trusted individuals from their local communities who may also share socioeconomic ties and lived life experiences with health plan members. THWs have historically provided person and community-centered care by bridging communities and the health systems that serve them, increasing the appropriate use of care by connecting people with health systems, advocating for health plan members, supporting adherence to care and treatment, and empowering individuals to be agents in improving their own health. PCPRC supports the integration of THWs into primary care. (Strategy 2)
- Inherent in value-based payment models is data collection and reporting resulting in administrative burden. PCPRC supports efforts to align payment models across payers which can reduce administrative burden. (Strategy 3)

Goal pillar 3. Fostering healthy families and environments

Health Information Technology Oversight Council (HITOC):

- Accessibility of health information is a priority for HITOC, related to clinical information available through health IT (such as patient portals attached to their provider's EHR). HITOC recommends that partners across Oregon strengthen accessibility of health IT by ensuring content is culturally relevant, available in plain language, multiple languages, and modes that are accessible for people with disabilities (e.g., braille, screen readers. HITOC will support this priority as appropriate. (Strategy 1)
- As part of HITOC's CIE strategy, HITOC recommends that OHA use policy levers, such as the 1115 Medicaid Waiver's HRSN services, to support/improve statewide CIE efforts. CIE adoption by local partners and contractors can make this work more efficient and aligned across efforts. CIE supports screening and referrals for climate needs and other social needs. (Strategy 2)
- HITOC recommends activities to support, accelerate, and improve statewide CIE efforts in their Health IT Strategic Plan, which can be used to help connect children, parents, and families to social services and resources. (Strategy 5)

Health Insurance Marketplace Advisory Committee (HIMAC):

- Gives guidance to the Oregon Health Insurance Marketplace's outreach and enrollment efforts, including marketing and communications strategies. (Strategy 1)

Medicaid Advisory Committee (MAC):

- MAC has required duties concerning CCO marketing tools. (Strategy 1)
- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role. (Strategy 2)
- Network adequacy is a priority for MAC. (Strategy 3)
- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role. (Strategy 5)

Public Health Advisory Board (PHAB)

- PHAB is responsible for monitoring progress of the governmental public health system toward improving health outcomes through accountability metrics. PHAB's current metrics align with activities and metrics for Pillar 3, including increasing immunization rates, reducing syphilis rates, and building community resilience for climate effects on health.

Goal pillar 5. Building OHAs internal capacity and commitment to health inequities

Health Equity Committee (HEC):

- HEC provides guidance on the Community Engagement Framework and Health Equity Impact Assessment. (Strategy 5)

Medicaid Advisory Committee (MAC):

- These actions relate to shared staff/volunteer/contractor work setting up the MAC-related Beneficiary Advisory Committee. (Strategy 5)

Affordability Committee (AC)

Committee AC website		Email AC		
Lead Staff	Chairs	OHPB Liaison	Members (#)	Vacant Seats
Sarah Bartelmann Danielle Ross	Chair: Jennifer Mensik Kennedy Vice Chair: Laura Johnson	Tony Germann Bill Kramer	8	1

Subcommittee: Industry Advisory Committee (IAC)

Committee IAC website		Email IAC		
Lead Staff	Chairs	OHPB Liaison	Members (#)	Vacant Seats
Sarah Bartelmann Danielle Ross	Chair: Eve Gray Vice Chair: Elissa Pirocanac	Tony Germann Bill Kramer	15	Up to 5

Quarter 4 2025 Committee Update:

The Committee on Health Care Affordability and its companion Industry Advisory Committee both met in October and November 2025. The Affordability Committee is intended to center the voices of health care consumers, purchasers, and community members. This committee is charged with developing recommendations for the Board, while the Industry Advisory Committee is charged with providing an industry perspective on the recommendations.

Both committees have focused on foundational learning and prioritization of policy topic areas. They discussed a working definition of “affordability” and criteria they will use to develop their first round of recommendations to OHPB, due June 2026. Board liaisons also requested the Affordability Committee deliver recommendations for both short-term immediate relief and long-term systemic changes. Both committees received guidance from Board liaisons Tony Germann and Bill Kramer to focus on helping patients and consumers, maximizing public good, and prioritizing equity.

The Affordability Committee learned about the major drivers of health care costs, responded to a short survey on their immediate priorities and identified four initial topic areas to dig into in 2026: consumer costs, payment reform, anti-competitive contracting, and price growth caps.

Upcoming Committee Work and Decisions:

Both the Affordability Committee and its companion Industry Advisory Committee have scheduled monthly meetings through June 2026.

In its January 27th meeting, the Affordability Committee will hone its priority policy areas for initial consideration, plan its upcoming meetings, and learn about ongoing affordability work in Oregon; namely, the Prescription Drug Affordability Board and Drug Price Transparency Program at the Department of Consumer and Business Services.

2024-2025 OHPB Priority-related Work:

Affordability: The Affordability Committee is currently planning to consider four policy areas in 2026: consumer costs, payment reform, anti-competitive contracting, and price growth caps. The Committee is expected to prioritize and organize its work during its January 27th meeting. Specific policies in these areas will likely be identified in Q1. The Committee plans to deliver initial recommendations for the Board's consideration in June.

Upcoming recruitment needs:

Both the Affordability Committee and the Industry Advisory Committee have vacant seats and opened recruitment in December 2025.

- The Affordability Committee is currently recruiting for an employer / purchaser representative to fill a vacancy left by a member who stepped down due to a job change. Applications are due February 2026.
- The Industry Advisory Committee sought applicants with behavioral health and oral health provider and insurance perspectives; these applications are still under consideration and a slate will be brought for OHPB approval in Q1 2026

Support or guidance needs:

Committee may seek OHPB feedback on draft recommendations in Q2 2026 to ensure that recommendations align with OHPB expectations, prior to delivering the initial recommendations.

The Committee will likely also seek OHPB guidance to help plan its work in the latter half of 2026, after its initial recommendations are submitted. Committee members may need

guidance on whether to drill down on existing recommendations or turn their attention to other priorities.

Behavioral Health Committee (BHC)

Lead Staff	Chairs	OPPB Liaison	Members (#)	Vacant Seats
Maritza Herrera Kendall Burns Mireya Williams	Ana Day Sabrina Garcia	Dr. Hemmings	6 (voting) 4 (non-voting)	7 (voting) 0 (non-voting)

[Committee website](#)

[Email BHC](#)

Quarter 4 2025 Committee Update:

Oct 20, 2025 Meeting:

Outcomes

- Members learned about the history of the Quality Incentive Program (QIP), Metrics & Scoring Committee governance and the current financial outlook for the QIP.
- Members were encouraged to align their work with the Metrics & Scoring Committee's timeline to ensure successful measure recommendations and to strengthen their proposals through impactful public testimony.

Summary: Derek Reinke, Quality Metrics, Surveys and Reporting Manager, presented an overview of the coordinated care organization's (CCO) Quality Incentive Program (QIP), explaining its history and role in rewarding CCOs for improving health outcomes through targeted upstream and downstream metrics. He highlighted that QIP funding is expected to decline due to financial pressures and the need to sustain Medicaid services. Derek emphasized the importance of aligning the committee's work with the Metrics & Scoring Committee's (M&SC) timeline, noting that February–March 2026 is the ideal window for submitting metric recommendations, with the final decision resting on M&SC and occurring in July 2026.

November 15, 2025 Meeting

Outcomes:

- Members agreed on the need to draft attendance and participation expectations to strengthen engagement and ensure quorum for decision-making.

- Members expressed interest in better understanding their scope of influence in measure development and improving behavioral health in Oregon, signaling a commitment to shaping impactful recommendations.

Summary: The committee discussed key updates and future priorities, beginning with membership changes following the resignations of two members and ongoing recruitment challenges due to statutory requirements, including mandated affiliations and the prohibition of proxies. Members reviewed the 2025 Behavioral Health Committee accomplishments and want to further explore their scope of influence in advancing behavioral health and measure development. The discussion also focused on the Quality Incentive Program (QIP), with an emphasis on aligning recommendations to the Metrics & Scoring Committee's timeline and possibly prioritizing fewer high-value behavioral health measures considering the anticipated funding constraints. Derek Reinke, Quality Metrics, Survey and Reporting Manager, noted a slight reduction in the 2025 QIP funding pool and encouraged early advocacy for prioritized measures and identification of legislative gaps to ensure recommendations remain relevant despite financial limitations.

Upcoming Committee Work and Decisions:

Metrics: BHC is charged with establishing:

- Quality metrics for behavioral health services provided by Coordinated Care Organizations, health care providers, counties, and other government entities; and
- Incentives to improve the quality of behavioral health services

Behavioral Health: The quality metrics and incentives determined by the BHC will address and expand on the following areas of priority:

- Improve timely access to behavioral health care,
- Reduce hospitalizations,
- Reduce overdoses,
- Improve the integration of physical and behavioral health care, and
- Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

CCO Procurement: The quality metrics and incentives determined by the BHC will have an impact on coordinated care organization procurement in addition to other contracts

Upcoming recruitment needs: To fill the following vacant representations:

- Coordinated Care Organization Behavioral Health Director
- Community Mental Health Program Representative
- Oregon Consumer Advisory Council Member
- System of Care Representative
- Intellectual or Developmental Disabilities Advocacy
- Tribal Government Representative
- Health Plan Quality Metrics Committee (HPQMC) Chairperson: Unable to fill this seat, HPQMC is not currently meeting.

Support or guidance needs:

BHC Health Committee chairs presentations request for 2026 March, June, Aug or Sept and Dec to provide updates on the work of the committee and seek support from the OHPB

Health Care Workforce Committee (HCWF)

Lead Staff	Chairs	OHPB Liaisons	Members (#)	Vacant Seats
Deepti Shinde	Ian Strauss, Chair	Melina Moran	16 (at end of 2025)	0

[Committee website](#)

[Email HCWF](#)

Quarter 4 2025 Committee Update:

- October 8 Educational Webinar on Maternal Health Workforce in Oregon. The webinar provided an overview of Oregon's maternal health workforce who make up the multidisciplinary systems that are needed to provide safe and effective care in pregnancy, birth, and postpartum. It also covered current maternal health workforce challenges that are impacting access to care and outcomes for mothers and birthing people. The presenter was Silke Akerson, MPH, CPM, LDM, Executive Director, Oregon Perinatal Collaborative.
- November 5 Committee Meeting. Topics and speakers included OHA staff presenting the proposed committee membership slate for 2026 and information about chair and vice-chairs roles in the committee. OHA staff also presented and gathered committee feedback about the 2027 Health Care Workforce Needs Assessment.
- HCWF committee engaged in recruitment for the committee from September-December 2025. A recruitment notice was posted for four weeks, and all interested applicants were invited to participate in a group interview with OHA staff, committee members and committee chair that served as a recruitment committee. The recruitment committee recommended that nine people join the committee, one of which was a non-voting student member, in January 2026. The Oregon Health Policy Board approved the slate of new members at the December 2025 meeting.
- The Health Care Provider Incentive Program presented at the November OHPB meeting on: 1) Administrative cost modelling requested during the September OHPB presentation and 2) An updated 2025-27 program budget. OHPB approved the program budget.

- Five members left the committee at the end of 2025: Judy Geiger, RN, MBA, Jason Johnson, MPH, Manu Chaudhry, DMD, Robert Lieberman, MA, and Larissa Mejia-Medina, BSN, RN.
- The nine members who will be joining the committee in 2026 are:
 - Voting members proposed for three-year appointment (8):
 - Andrea Brown, Traditional Health Worker Liaison, Umpqua Health Alliance CCO, Southern OR
 - Regina Castellon, Director of Diversity, Equity and Inclusion, AllCare Health CCO, Southern OR
 - Sofia Aiello, Quality Metrics Specialist, Eastern Oregon CCO, Eastern OR
 - Amberena Fairlee, Dentist, Oregon Dental, President-Elect for Oregon Dental Association, Central OR
 - Virginia Chambers, Director of Health Sciences, Clackamas Community College, Portland Metro
 - Patty Barfield, Associate Dean, RN, OHSU School of Nursing, Eastern Oregon
 - Krista Lovaas, Sr. Director of Provider and Community Relations, WVP Health Authority, Marion/Polk
 - Rebecca Descombes, Tribal Health Policy Contractor, Portland Metro
 - Non-voting student member proposed for one-year appointment (1):
 - Chauncella Koulibali, Medical student at Oregon Health & Science University (OHSU), Portland Metro Region

Upcoming Committee Work and Decisions:

The committee will focus on two reports during 2026 that will be approved by OHPB and then submitted to the Oregon Legislature in Q1 2027: 1) 2027 Health Care Workforce Needs Assessment and 2) 2027 Evaluation of Effectiveness of Health Care Provider Incentive Programs in Oregon. The committee will utilize HCWF committee meeting time and, in some months, time set aside for HCWF educational webinars to engage with members on these reports.

Committee staff has been having conversations with potential contractors to develop the reports, based on HCWF Committee and OHPB feedback. Given that OHA will be using an external contractor to develop the provider incentives evaluation report for the first time, Committee staff and the HCWF committee would like to engage with OHPB in Q2 2026 to gather input on the evaluation plan and framework.

Upcoming recruitment needs: none

Support or guidance needs:

- (Proposed) Educational Webinar for OHPB on April 14th from 8-9am on the Health Care Provider Incentive Program Evaluation.
- (Proposed) Educational Webinar for OHPB in November or December on the Health Care Provider Incentive Program Evaluation.
- (Proposed) Educational Webinar for OHPB in November or December on the Health Care Workforce Needs Assessment
 - January 5, 2027 OHPB Meeting - OHPB Vote on the Health Care Provider Incentive Program Evaluation and the Health Care Workforce Needs Assessment
 - Request to the OHPB – Melina Moran served as the OHPB liaison to the committee until she left the board in December 2025. The HCWF committee looks forward to the appointment of a new OHPB liaison to the committee in 2026

Health Equity Committee (HEC)

Lead Staff	Chairs	OHPB Liaisons	Members (#)	Vacant Seats (#)
Lexi Freedman Brenna Intemann-Milligan Christine Singh	Beck Fox Andi Walsh	Dr. Hemmings	10	6

[Committee website](#)

[Email HEC](#)

Quarter 4 2025 Committee Update:

In October, the Health Equity Committee held an in-person retreat on the Warm Springs Reservation, graciously hosted by HEC Tribal Representative. The retreat provided dedicated time for relationship-building, reflection, and a deeper committee connection, as well as space to discuss committee priorities and ongoing work. Committee members also had the opportunity to engage with Warm Springs community and gain additional context and perspective through on-site learning and discussion.

In November, the Health Equity Committee held a public meeting that included a recap and debrief of the October retreat in Warm Springs. The committee also held discussion focused on member safety and meeting practices and began wrapping up 2025 business while looking ahead to planning priorities for 2026. With Quorum met, the committee voted to transition from recorded meetings to written meeting notes. The committee also acknowledged and shared appreciation for members completing their terms in 2026 and provided updates on upcoming co-chair elections and recruitment planning for future committee openings.

In December, HEC's Co-chairs presented briefly at OHPB's December meeting to share committee updates. The committee did not hold a formal public meeting in December. OHA staff supported one end-of-the-year reflection sessions with committee members to gather feedback on the committee's work over the past year, identify several areas of improvement, and surface members priorities and concerns to inform planning for the year ahead.

Upcoming Committee Work and Decisions:

Members of the HEC are currently in communication with OHPB co-chairs and OHA staff to plan for 2026. No updates on any of the strategic priorities at this time.

Upcoming recruitment needs:

The HEC anticipates recruiting for 6 or more seats in 2026 but has not begun recruitment efforts at this time.

Support or guidance needs:

Health Equity Committee (HEC) requests updates from OHA and OHPB regarding steps being taken to support committee member safety during public meetings, particularly during a period of heightened attention to equity related work. We appreciate OHPB's partnership and continued support as we navigate and respond to these rapidly evolving circumstances.

Health Information Technology Oversight Council (HITOC)

Lead Staff	Chairs	OHPB Liaison	Members (#)	Vacant Seats (#)
Laurel Moffat	David Dorr, Chair Amy Henninger, Vice-Chair Kristina Martin, Chair elect Jennifer Chi, Vice-Chair elect	Vacant	13 members + 1 ex officio	2

[Committee website](#)

[Email HITOC](#)

Quarter 4 2025 Committee Update:

HITOC held one meeting this quarter on October 9. Members elected Kristina Martin, Chief Information Officer with Curry Health Network, as Chair. Kristina will shadow the current Chair through the end of the year before assuming the role in January 2026.

During the October meeting, HITOC reviewed results of a pre-meeting survey where members were asked to choose priority activities for health IT in behavioral health. HITOC selected several activities to recommend to other groups, which included creating guides to provide clarity on the federal rule 42 CFR Part 2 and updating the [Confidentiality and Privacy Toolkit](#). Members also identified activities they could undertake to support health IT in behavioral health, which included a health IT landscape assessment for behavioral health providers, and the development of a list of electronic health records (EHRs) currently used by behavioral health providers. While members also prioritized other activities, these will be the first to move forward in 2026.

OHA staff presented the [Draft 2025 CCO Health IT Roadmap Summary: Health IT to Support Social Determinants of Health \(SDOH\) Needs](#). Members learned how SDOH connects to HITOC's strategic plan and workplan and received updates on coordinated care organization (CCO) 2024 strategies and 2025-2027 plans to support health IT for SDOH from CCOs' 2025 Health IT Roadmaps.

The meeting also included introductory conversations on the development of the HITOC 2026 Workplan. OHA staff recapped the progress HITOC made on their [2025 workplan](#), reviewing which items were covered in 2025 and which were outstanding. Members considered ongoing and new focus areas and discussed potential priority topics and

committee actions in each area. HITOC will continue discussing priorities for 2026 and plans to finalize the workplan in their February 2026 meeting.

Upcoming Committee Work and Decisions:

Support or guidance needs:

HITOC welcomes an OHPB liaison. The position has been vacant since John Santa ended his second OHPB term in December 2023. HITOC would benefit from the oversight of an OHPB liaison as they develop their 2026 work plan and seek alignment with OHPB's priorities.

Health Insurance Marketplace Advisory Committee (HIMAC)

Lead Staff	Chairs	OHPB Liaison	Members (#)	Vacant Seats (#)
Victor Garcia Dawn Shaw	Lindsey Hopper, Chair Nashoba Temperly, Vice-Chair	Bill Kramer	14	1

[Committee website](#)

[Email HI-MAC](#)

Quarter 4 2025 Committee Update:

- Updated the committee on the approved vendor contract status for the State-based Marketplace.
- Reviewed 2026 insurance rates.
- Received updates on the 2026 Open Enrollment with impacts on changes from federal regulations.

Upcoming Committee Work and Decisions:

- Ongoing work for our transition into a State-based Marketplace by Nov. 1, 2026.
- Monitoring updated federal regulations that affect the Marketplace.

Affordability:

- Approval of 2026 plans with change in federal regulations.

Upcoming recruitment needs:

None. We have 6 members up for reappointment during February 2026 Senate confirmation. We also have 4 new members for new confirmation. These upcoming confirmations will give us a full roster.

Support or guidance needs:

none currently

Upcoming SBM Project Listening Sessions:

- **For assisters at community partner organizations:**
Last Weds. of Jan., April, July, and Oct. through Jan. 2027
2-3:30 p.m.

Register at orhim.info/SBMLS-Assisters

- **For insurance agents/brokers:**

Last Thurs. of Jan., April, July, and Oct. through Jan. 2027

2-3:30 p.m.

Register at orhim.info/SBMLS-Agents

Health Plan Quality Metrics Committee (HPQMC)

[Committee website](#)

[Email HPQMC](#)

Quarter 4 2025 Committee Update:

Due to the changes to the committee responsibilities under Senate Bill 966 (2023), OHA will keep the HPQMC on hiatus while the study of the CCO Quality Incentive Program is conducted. The enrolled bill automatically adds any measures from the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets and allows for measures to be added by the Metrics and Scoring Committee.

Medicaid Advisory Committee (MAC)

Lead Staff	Chairs	OHPB Liaison	Members (#)	Vacant Seats (#)
Sarah Wetherson	Heather Jefferis, Caroline Barrett, MD	Peter Starkey	11	4

[Committee website](#)

[Email MAC](#)

Quarter 4 2025 Committee Update:

The Medicaid Advisory Committee (MAC) accepted the resignation of David Lima, a consumer advocate for Medicaid long term services and supports.

Upcoming Committee Work and Decisions:

The MAC anticipates another resignation in January and is currently recruiting four positions, which will increase to five with that resignation. We also anticipate confirmation in January from the Governor of our nomination of an oral health professional.

Affordability:

The MAC has named protecting Oregon Health Plan (OHP) eligibility as one of its three priorities for 2025-2027. The committee will monitor what data about enrollment tells us about how successfully we are keeping members on OHP.

Metrics:

Another of the MAC's priorities is measuring the implementation of the 2022-2027 1115 Waiver. The MAC will be monitoring performance of the Waiver, especially with regard to health related social needs benefits.

Upcoming recruitment needs:

Committee staff have been actively recruiting to fill five committee positions:

1. One health care provider (mental/behavioral health care preferred)
2. One medical system/CCO representative

3. One consumer advocate
4. One health care consumer group representative
5. One long term services and supports (LTSS) representative

Support or guidance needs:

The Beneficiary Advisory Council may want to approach OHPB about becoming a Committee of the Board.

Metrics and Scoring Committee (M&SC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Allison Proud Gladys Rivera	Dr. Jorge Ramirez Garcia, chair	Peter Starkey	7	2

[Committee website](#)

[Email M&SC](#)

Quarter 4 2025 Committee Update:

The Metrics & Scoring Committee (M&SC) is tasked with selecting healthcare quality measures for inclusion in the CCO Quality Incentive Program. Through this program, CCOs can earn hundreds of millions of dollars in bonus funds for improving care for OHP members.

In October, the Committee finalized benchmarks and improvement targets for the 2026 incentive measure set. The final 2026 measures, benchmarks, and improvement targets can be found [here](#).

In November, the Committee reflected on the 2026 measure and benchmark selection process and discussed areas for improvement in the selection process and the overall Committee membership experience. The Committee also heard updates about the Quality Incentive Program financing and recommendations from the equity benchmarking workgroup.

The Committee did not meet in December.

Upcoming Committee Work and Decisions:

Metrics:

In quarter one of 2026 the Committee will review the current incentive measure set and updates to the CMS Core Set in preparation for selection of the 2027 incentive measure set, which will begin in May 2026. The Committee will also hear updates about the current federal landscape and presentations from OHA measure SMEs to understand necessary context before beginning measure selection.

Upcoming recruitment needs:

There are two current vacancies on the Committee, and three more anticipated vacancies throughout 2026 as members finish their final terms. Staff began recruitment to fill these vacancies in November 2025 and are currently in the process of reviewing applications and conducting interviews.

Support or guidance needs:

Senate Bill 966 directs OHA and OHPB to regularly evaluate the measures selected by the Committee. Inclusion of OHPB is new..

Primary Care Payment Reform Collaborative (PCPRC)

Lead Staff	Chairs	OHPB Liaison	Members (#)	Vacant Seats (#)
Summer Boslaugh	Not applicable	Melina Moran	30	

[Committee website](#)

[Email PCPRC](#)

Quarter 4 2025 Committee Update:

The PCPRC met twice in October to review and discuss the draft PCPRC document [Primary Care Challenges in Oregon](#); it was finalized over email at the beginning of December. The two-page document, endorsed by all PCPRC members, is a tool to use to educate policymakers, partners, leadership in member organizations, and others about the challenges facing primary care.

On November 14 the PCPRC Steering Committee met and approved the proposal from staff and HPA leadership to sunset the PCPRC. Senate Bill 934 charged the Collaborative with developing a Primary Care Transformation Initiative to increase investment in primary care, improve reimbursement methods, and align payment, with the requirement of ensuring the Initiative's goals were met by December 31, 2027. The [Primary Care Value-Based Payment Model](#) developed by the PCPRC in 2023, and the subsequent outreach and education about the model, is the Initiative. As is evident in the table below, the legislative goals have been completed to the extent possible within the voluntary compliance nature of the PCPRC. Since the PCPRC has successfully met its statutory goal under Senate Bill 934 earlier than required, the PCPRC sunset at the end of 2025

Primary Care Transformation Initiative requirements (per SB 934)	Primary care VBP model components that satisfy Initiative requirements
(A) Use value-based payment methods that are not paid on a per claim basis to:	
(i) Increase investment in primary care	<ul style="list-style-type: none">• New performance-based incentive payments and Patient-centered Primary Care Home (PCPCH) per member per month (PMPM) payments

Primary Care Transformation Initiative requirements (per SB 934)	Primary care VBP model components that satisfy Initiative requirements
(ii) Align primary care reimbursement by all purchasers of care	<ul style="list-style-type: none"> Standard detailed model to align
(iii) Continue to improve reimbursement methods, including investing in the social determinants of health	<ul style="list-style-type: none"> Optional additional PMPM for services such as Traditional Health Workers (THWs) and data sharing with social service organizations
(B) Increase investment in primary care without increasing costs to consumers or increasing the total cost of health care	<ul style="list-style-type: none"> Can decrease utilization of more expensive care, including urgent care, specialty care and ED
(C) Provide technical assistance to clinics and payers in implementing the initiative	<ul style="list-style-type: none"> Detailed model serves as TA, including codes for inclusion in the prospective population-based payment and quality metrics VBP toolkit
(D) Aggregate the data from and align the metrics used in the initiative with the work of the Health Plan Quality Metrics Committee (HPQMC)	<ul style="list-style-type: none"> Data is aggregated by Comagine's Oregon Data Collaborative HPQMC on hold
(E) Facilitate the integration of primary care behavioral and physical health care	<ul style="list-style-type: none"> Quality metrics include behavioral health specific metrics Optional additional PMPM for integrated behavioral health

The PCPRC met for the final time on December 15 to celebrate its successes and identify lessons, guidance and priorities to share with the new [Primary Care Strategy Committee](#). Lessons learned and guidance include, the work is important and hard, having all voices at the table is key to success, reaching consensus is critical, and voluntary adoption is challenging for impact. Members would like to see the new committee focus on workforce, payment, administrative burden, rural providers, supporting provider participation in the PCPCH program, and safeguarding primary care in difficult financial times. Members of the PCPRC were invited to apply to the Primary Care Strategy Committee.

The [PCPRC Final Report](#) is complete and posted online.

Upcoming Committee Work and Decisions:

Affordability:

The [Primary Care Challenges in Oregon](#) themes of high costs of running a practice and payment impact affordability.

Metrics:

Lack of alignment on quality metrics used by payers results in high reporting burden for providers. An aligned set of quality metrics would allow providers to focus on fewer metrics reducing administrative complexity and promoting focused quality improvement.

Upcoming recruitment needs: none

Support or guidance needs: none

Upcoming 2026 meeting dates: none

Public Health Advisory Board (PHAB)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Sara Beaudrault Steven Fiala Veronica Herrera	Sarah Present, Chair Veronica Irvin, Past Chair Jackie Leung, Incoming Chair	vacant	21 (18 voting members)	0

Quarter 4 2025 Committee Update:

- Updated Charter and Bylaws
- November PHAB retreat
 - Reviewed 2025 goals and progress
 - Discussed partner pathways and system alignment needs
 - Modernization Refresh Discussion
- PHAB has a decision-making role to approve the “refreshed” shared vision for public health modernization and opportunities to improve upon this decade-long effort. The process will continue through March 2026.
- Two new members: LPHA & Tribal Health Representative
- PHAB developed criteria for decision-making about public health modernization funding allocations to respond to federal funding changes.

Upcoming Committee Work and Decisions:

- PHAB is developing a work plan designed to better organize PHAB’s work into a sequence of discussions, learning, and decision-making. It is intended to clarify PHAB’s role and influence, align members and partners, and ensure members are prepared to engage meaningfully in modernization, funding, and accountability work.
- Continuing with the Modernization Refresh project to prioritize opportunities, identify resources, and build capacity to bring the refreshed vision to life.

- Incentives and funding subcommittee will reconvene to review the modernization funding formula, revisit incentive payment model and discuss the potential of matching funds.

Metrics:

- PHAB will review upcoming Accountability Metrics reports to understand current performance on prioritized outcomes and process measures.
- The Accountability Metrics Subcommittee will continue developing recommended metrics for Prevention and Health Promotion, including access to clinical preventive services.
- PHAB will discuss and vote on new or revised metrics as they are brought forward.
- Ongoing work will continue for Communicable Disease and Environmental Health metrics to ensure they remain relevant and reflect current practice, workforce contributions, and innovation.

Upcoming recruitment needs:

We are recruiting for the at-large seat.

Support or guidance needs:

- We are continuing to meet with Metrics and Scoring committee to share and understand OHPB and PHAB approaches to developing metrics and the possibility of alignment.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Tara Chetock at tara.a.chetock@oha.oregon.gov or 971-304-9917. We accept all relay calls.

Oregon Health Policy Board

